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ABSTRACT

Measures were proposed that would enable UNICEF, in association with others and despite prevailing difficult economic circumstances, to more effectively bring well-being and hope to hundreds of millions of children. Specific proposals were designed to help most countries accelerate child survival and development. Most particularly, it was recognized that several elements of the basic services and primary health care strategy are ready for an extra thrust at this time. Attention focused on several basic problems responsible for the majority of children's deaths and on four simple approaches to be integrated with basic services and primary health care activities: growth surveillance of small children, oral rehydration therapy, breast-feeding and better weaning, and universal immunization. These techniques cost very little and are suited for tackling malnutrition-related infection, diarrhea, and six communicable diseases that take their heaviest toll among children. In addition, it was agreed that special attention should be given to family spacing and food supplements. If given necessary priority, the combination of improved techniques, recent acceptance of basic services and primary health care approaches, and the new capacity of social organizations for reaching low-income families could vastly improve health and save lives. (RH)

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ACCELERATING CHILD SURVIVAL AND DEVELOPMENT IN DARK TIMES

Statement by James P. Grant,
Executive Director of the United Nations Children's Fund (UNICEF),
to the Economic and Social Council of the United Nations

Geneva - 7 July 1983

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Mr. Chairman,
Distinguished Delegates to the Council:

The General Assembly, with your guidance, has charged the United Nations Children's Fund with special responsibility for the concerns and needs of the world's children. It is our mandate both to address those needs through our activities of co-operation with national Governments and, with their co-operation, to articulate those needs and to ensure their consideration in forums of decision-making and planning throughout the world community which might affect the situation of children.

Children in growing peril

We meet here in the Economic and Social Council as children around the world - humanity's most precious asset - face increasing peril in the 1980s after three decades of unprecedented improvement. As stated by the Director-General for Development and International Economic Co-operation, the world has been experiencing the worst economic setback since the 1930s. This situation, which may now be starting slowly to lift in some places, does not augur well for the hundreds of millions of children already trapped in an everyday silent emergency. This silent emergency results from the conjunction of extreme poverty and underdevelopment which contributes so greatly to the death and disability toll which each afflict more than 40,000 small children every day. Often both disability and deaths are unnecessary. They are the cause of countless heartbreaks and of vast economic and human waste.

Economic depression has had three major impacts on children. Disposable family incomes fall sharply, with disproportionately severe consequences for poor people and their children. Government budgets for social services - particularly those affecting young children, including nutrition, health and education - are often the first to be cut back. And bilateral and multilateral levels of development assistance stagnate as a consequence of the constricting budgetary policies adopted by industrialized countries.

In general and certainly in terms of the impact of recession on the poorest developing countries, the picture has been bleak. There are some variations between and within regions, although, generally, the poorer the region, the more severe the impact of these forces. It is now clear that, in the absence of special measures to significantly accelerate progress in the development of children, millions more children and mothers are likely to die in the decade ahead in low-income areas than was thought likely at the start of the 1980s.

Unfortunately, special action to protect the situation of children and poorer families trapped in urgent silent emergencies has generally remained the exception, rather than the rule. The world community must change that rule. We have proved that we can do so. Collectively, the world has changed the rule over the past 35 years with respect to disasters. The positive world responses to the "loud emergencies" in recent years in Lebanon, Kampuchea, and the African Sahel are a far cry from the "turning away" responses to such earlier disasters as the Bengal famine in 1943 and the famine in Ireland one century earlier in which millions died.

The United Nations exemplifies this changed view in the quick and successful responses that have been made to emergencies - most recently in the leadership provided for Lebanon, for East Africa and for Kampuchea and by the accompanying strengthening of emergency and disaster offices throughout the United Nations system.

The massive restrictions imposed by the world recession have, however, stimulated the search for innovative solutions and for more cost-effective use of resources. The key to our effectiveness in improving the condition of children in particular, in these dismal circumstances when the financial resources available to us are limited in amount, must be a refusal to accept a limitation upon what we can achieve with those resources.

A year of growing challenge

After a year of intensive review, and drawing heavily on our experience of recent years, we in the UNICEF secretariat proposed a series of measures to the Executive Board in May. We said that these would enable UNICEF, in association with others, to contribute more effectively to bringing better well-being - and new hope - to hundreds of millions of children despite the prevailing difficult economic circumstances. The goals of these measures are fourfold and accord closely with thinking set forth in the excellent review of operational activities prepared by the Director-General:

(a) Increase the effectiveness of UNICEF assistance in improving child survival and development. We want to realize the real potential for accelerating child survival and development which exists today in many countries through basic services and primary health care that was first articulated in UNICEF's report on

The State of the World's Children on 17 December last year, and was subsequently endorsed in February 1983 by the Joint Committee on Health Policy of the UNICEF Executive Board and the World Health Assembly.

(b) Strengthen UNICEF's capacity to deliver programmes in the most adversely affected, least developed countries, particularly in Africa where our core staff will be strengthened by approximately one-third. There must be increased priority to those areas suffering from high infant and child mortality.

(c) Increase still further the efficiency of UNICEF's internal operations, so as to permit maximum emphasis on programme delivery. In doing this, we have sought to enable UNICEF to strengthen its staff in the field without increasing its world-wide total of core professionals.

(d) Consolidate and increase still further, for 1983 and beyond, the significantly higher level of financial resources - a 30 per cent increase over 1981 - received by UNICEF in 1982 to benefit children.

In short, the specific proposals to - and later approved by - the Executive Board were designed to permit UNICEF to help most countries accelerate child survival and development. We had very much in mind the goals set by the General Assembly in December 1980, including that of reducing the infant mortality rate to 50 or less per 1,000 births in all countries by the year 2000. Achievement of this latter goal would require a halving of the average infant mortality rate of 100 per 1,000 in the low-income countries today.

The search for maximum effectiveness

In programmatic terms the task was: "How to achieve much more from just a bit more?" With this in mind, in late September 1982, UNICEF invited a group of experts from international agencies (WHO, the World Bank, FAO, the World Food Council, the United Nations University, the International Food Policy Research Institute), bilateral agencies, and private institutions involved in improving the lives of children to meet at our New York headquarters. We examined the experience of national and international efforts to improve nutrition and primary health care in many countries, particularly measures intended to reduce the high infant and child mortality rates which characterize so many poor communities as a result of malnutrition and the lack of access to even the most rudimentary basic services for health, education and water.

We saw that the increasing attention to community-based services and primary health care in the past 10 years by Governments with the support of UNICEF, UNDP, WHO, FAO, UNESCO and many other organizations was the correct approach. This is even more the case in this era of increasingly limited financial resources. Very importantly, we recognized that there are several elements of the basic services and primary health care strategy which are particularly ripe for an extra thrust at this time. Properly managed, we believe these measures could contribute greatly to converting from hope to reality the goal for the year 2000 of "health for all" as it applies to children, and dramatically reduce serious malnutrition as well. To do so would provide a new opportunity for bringing about a major change in the health and nutritional situation of hundreds of millions of children. The measures are economically feasible, and can be achieved in a relatively short span of years, even during a period of economic duress. In short, we have the potential for a revolutionary improvement in the well-being of children in many countries of Asia,

Africa and Latin America that is as momentous for children in the decade ahead as was the Green Revolution for increasing grain production in many countries of Asia in the decade from the late 1960s.

Experience suggests that while saving the lives and improving the well-being of children in many countries within a decade, we could slow population growth as well. Historically, when overall death rates fall to an annual rate of about 15 per 1,000 - which, significantly, is about the average for the low-income developing countries today - then each further fall of one point in the death rate has usually been accompanied soon thereafter by a still larger fall in the birth rate. Paradoxically, therefore, a "survival and development revolution" which halved the infant mortality rate of the developing world and prevented the deaths of 6 or 7 million infants each year by the end of the century would be likely to prevent between 10 to 20 million births every year.

How do we go about this revolution in child survival and development?

In large part as a result of UNICEF's own field experience of 36 years and that of UNDP, WHO, FAO and other international and national agencies, our attention focused on several basic problems responsible for the majority of all children's deaths, including notably diarrhoea and the major diseases for which low-cost immunizations are available, and on four simple approaches which have become integral elements of the basic services and primary health care activities which WHO, UNICEF and many others of us have been promoting for some time. These techniques in themselves cost very little. They are particularly suitable for tackling malnutrition-related infection, diarrhoea and six communicable diseases which take their heaviest toll among children. They greatly increase the self-reliance capacities of low-income families.

Enhanced technologies

None of these measures - growth surveillance of small children, oral rehydration therapy, breast-feeding and better weaning, and universal immunization - is new. They have for many years been integral parts of health and nutrition programmes. In many ways, however, either the technology by which they are applied has been recently enhanced, as with oral rehydration and more heat-stable vaccines for some immunizations, or our appreciation of their value is newly strengthened, as with breast-feeding and growth surveillance.

Why are they important? The answer is not difficult:

(a) Growth surveillance - through the use of simple cardboard charts which the mother keeps at home - is important because parents want to do the best thing for their children and are often not able to recognize the first signs of malnutrition. By the provision of a simple method for monthly growth measurement, mothers can learn whether their children are growing - and how to find remedies if they are not. Five cents buys an indestructible growth chart; $32.85 buys a baby scale to weigh hundreds of children;

(b) The dehydration caused by diarrhoeal infection is the single largest cause of the deaths of children, and contributes to the malnutrition of millions more. It kills a child every six seconds. Oral rehydration therapy, a simple combination of salt, glucose (sugar), water and the knowledge that children with diarrhoea should be fed, can prevent the great majority of these deaths. The cost of a cure

is so low that the profit on a single UNICEF greeting card will buy a package of the oral rehydration salts supplied by UNICEF and now being produced in many countries with the help of WHO and UNICEF,

(c) The promotion of breast-feeding is important, because bottle-fed babies of the poor are three to four times as likely to be malnourished, because immunities are passed along through breast-feeding, because diarrhoea-causing dirty bottles are all too common, and because breast-feeding saves money. And yet the percentage of mothers who breast-feed continues to decline in too many developing countries at the very time that a majority of educated women in the industrial world are returning overwhelmingly to the merits of breast-feeding,

(d) Immunization is vital because together six diseases kill an estimated 5 million children per year - another third of all child deaths. Measles alone - a simple childhood disease in industrial societies - claims 400 times more victims among malnourished children. And yet measles vaccine can be available for as little as 10 cents per dosage and the vaccine for all six diseases for 50 cents. Thirty cents - the profits from two UNICEF greeting cards - will buy a box of 12 hypodermic needles to immunize children,

(e) We also agreed that special attention should be given to family spacing and food supplements. These also contribute significantly to improving the health and nutrition of mothers and children and further reduce deaths, but these measures are either more difficult, as with birth spacing, or entail greater financial cost, as with food supplements.

Improved organization and communication

Two additional factors which are distinctly new in recent years - and highly significant in terms of the potential use of these techniques for saving children's lives - are an idea and a circumstance.

The idea concerns basic services and primary health care - with their emphasis on community participation, multisectoral approaches, self-reliance, prevention, basic education, cost-effectiveness, and use of paraprofessionals and appropriate technologies - and the certification of their legitimacy and sensibility by the international community. This was particularly articulated at Alma Ata in 1978, and continues to be vigorously stressed by WHO and ourselves. The growing acceptance by health care professionals and governmental health authorities in most countries is a keystone to this new potential.

The circumstance is the dramatic increase in recent years in most developing countries in social organization and in the capacity to reach a far greater number of low-income people. This is exemplified not only by the multiple expansion of health clinics and the wide-scale training of health auxiliaries, but also by the tremendous growth in the number of private, religious and governmentally sponsored organizations reaching low-income families, particularly those involving women, the increase in literacy, including notably among young mothers, and the phenomenal spread of other communication media, including notably the transistor radios now owned by one out of every two families in developing countries. This evolving network of social and administrative infrastructure, reaching right down to and involving the village level, provides countries with dramatic new potential for

spreading knowledge of these approaches among the poorest in their societies if national and international leaderships will give high priority to responding to these new, low-cost primary health care opportunities through all available channels.

This three-way combination - the improved techniques and technologies; the increased acceptance of the basic services and primary health care approaches; and the new capacity of social organizations for reaching low-income families - could save, if the world wanted it, a high proportion - one-half or more - of the children's lives now being lost and improve the health of hundreds of millions more.

Making "the possible" a reality

This opportunity for accelerated progress for the protection and survival of children is possible if:

(a) If Governments embrace this opportunity for accelerating basic services and primary health care as national commitments implemented through national efforts at the highest level in each country, and commanding the participation and co-operation of all relevant government sectors - the involvement of one ministry alone usually is not enough;

(b) If the international development co-operation community commits its efforts to promoting appreciation of the opportunity - the Economic and Social Council and the General Assembly can be of great help - and to making available resources to help countries to act;

(c) If the campaign is joined in each country by a vast array of those media, religious institutions, non-governmental organizations, and private enterprises which can provide or contribute to the service delivery systems necessary to extend this opportunity to the poor and the remote;

(d) If planners and implementers constantly remember that this opportunity for child survival and development will only succeed in the long term if it is integrated with other ongoing efforts, so as to be self-sustaining over the years; and

(e) If the implementers remember that the ultimate essence of the endeavour is to make people more self-reliant and able to take care of themselves and their children. They should not be dependent solely on medical care institutions or government bureaucracies for their health, but largely on resources and basic services in their own families and communities. The objective is not, to use an old saying, to provide fish to feed people for a day (useful as that may be), but to teach people how to fish and feed themselves for always - as with knowledge of oral rehydration therapy.

Support of these priority measures does not mean a turning away from other fields of UNICEF support, such as water supply and sanitation and non-formal education. It does not mean that we will stop our action to improve the situation of women, including income-generating activities. Rather, we are exploring ways that these programmes can incorporate and reinforce these low-cost measures, since, in the final analysis, this is the only way to achieve a self-sustaining survival and development revolution for children.

/...

Poverty and slums, inadequate and insufficient primary education, lack of clean water, the heavy burden for women and the discouraging prospects for school leavers - all these problems and challenges will remain, even if the well-being of hundreds of millions of children is improved and child disabilities and mortality are halved over the next 15 years. For these reasons, the United Nations' concern with these several highly cost-effective breakthroughs is and can only be part of its broader concern for improving the quality of life as a whole for children.

I should note parenthetically not only that these four priority measures have considerable significance in industrial countries too (for example, serious diarrhoea cases still represent 7 per cent of child hospital admissions in the United States), but that the potential for major highly cost-effective innovations also applies to industrial countries as well.

Thus, in one major industrial country where the average male aged 50 today can expect to live 6 years longer than his predecessor of the year 1900 because of the many medical advances, some quite costly to use, of the intervening years, the average male of that country could add 11 additional years to his life expectancy through four virtually costless measures: elimination of smoking (which now takes 1,000 lives prematurely each day); moderation of drinking; adequate exercise; and appropriate diet.

Given the continuing prospect of only limited financial resources for investment in the remaining years of this decade, a principal opportunity for maintaining the relatively rapid rate of progress in human well-being of recent decades would be through devoting greater effort, first, to identifying such opportunities, and second, to implementing them. UNICEF plans to give serious continuing attention to both.

Increasing the external resources available

In an era in which both Governments and people have reduced the resources which they devote to those activities which are regarded as "discretionary", it would not be surprising to find that contributions to the United Nations Children's Fund had decreased. They have not. It is a remarkable credit not only to the extraordinary efforts of all those millions of private supporters who work on UNICEF's behalf, but also to the wisdom and foresight of many represented here in the Economic and Social Council, that UNICEF's revenues increased by 30 per cent in 1982 over 1981. Furthermore, most countries increased their contributions in terms of the US dollar, despite the continued strengthening of the dollar which makes it even harder for countries to keep up.

This success, of course, has not been easy. It has, as I noted, required extraordinary efforts. To those of you who have been so helpful, we express our profound appreciation - and urge nations to remember that assistance to meeting the needs of children also requires assistance through WHO, FAO, UNESCO, ILO, the World Bank, the World Food Programme, the International Monetary Fund and many other assistance agencies, and the proper trade policies as well.

Mobilizing for accelerating child survival and development

It is in these many ways that resources can be marshalled and forces can be mobilized to take leading roles in accomplishing the breakthroughs in children's health and nutrition - indeed, the revolution in the quality of children's lives - which must be sought.

With the commitment to that revolution which its potential deserves, it is clear that progress for children could again accelerate. Without that increased commitment, the present slow-down of progress will continue and the General Assembly's target of halving the infant death rate in low-income countries by the year 2000 to 50 or less per 1,000 births - with all that such an achievement would imply for the nutrition and health of the world's children - will be quietly abandoned.

Will this target, accepted by the international community only two years ago, be abandoned?

If so, the waste of lives each year would be the equivalent of the entire combined child populations of the United Kingdom, France, Italy, Spain and the Federal Republic of Germany. Yet these voices too often are not heard in international debate. That is why UNICEF takes so seriously its responsibility to give voice to those who live - and those many who die - in the world's shadows and silence.

In a world distracted by so many deceptive and dangerous interpretations of "progress", we must all - including most notably the nations represented here in the Economic and Social Council - refuse to accept that such truly human and truly civilized progress as saving the lives and improving the well-being of the world's children should be abandoned at the first sign of difficulty. If the modest amount of political will required to seize the opportunities now offered by recent social and scientific progress can be found, then the goal of more adequate well-being for the vast majority of the world's children need not be a dream deferred.

As Secretary-General Perez de Cuellar has said:

> "Innovative and cost-effective action along these lines would demonstrate that even in times of acute financial strain for social services and international co-operation, it is possible for the world to take imaginative steps to heal some of the most tragic wounds of underdevelopment and poverty. I appeal to national leaders, to communicators, to health care workers and to concerned institutions and individuals to support this action."

I urge the members of the Economic and Social Council to respond.